

ENTRY BLANK

PLEASE TYPE OR PRINT

☐ Entered previous May Show

No

☐ Ms.

☒ Mr. Artist

DAVID HEALD

(Last Name Last)

Permanent  
Address

2477 Overlook Rd

203

Cl. Hts

Street

City

44106

Tel. (216) 932-4128

Zip

Area Code

Temporary  
Address

Street

City

Tel. ( )

Zip

Area Code

Permanent address is in what county? \_\_\_\_\_

Born in Cuyahoga County ☐ Yes ☒ No

Collaborator \_\_\_\_\_

(If Any)

If entries are not accepted or not sold:

☒ Artist will pick up entries at Museum.

☐ Museum should dispose of entries.

☐ Museum should ship entries to artist C.O.D. at this address:

The attached card at right will be returned to you as notification of acceptance or rejection by the last week in April.

**THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.**

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any entry not called for by the dates listed.

It is also understood that accepted entries will remain on exhibition until June 9, 1974.

The submission of entries will be construed as acceptance of all conditions printed in the entry information.

Signature

David A. Heald

# ENTRY BLANKS

1

- ☐ 1. Paintings ☐ 2. Graphics ☒ 3. Photography  
☐ 4. Sculpture ☐ 5. Electric ☐ 6. Crafts

Medium or Materials *Black + white*

*rec'd. David Heald 6/17/74*

Title *Untitled*

Price or NFS

*\$25.00*

Insurance Value  
If NFS Only

Size

*14x18"*

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale

*NONE*

Total No. in Edition

Price of Frame

*\$10.00*

DO NOT WRITE IN THIS SECTION

*89(3)*

ACCEPTED

*X*

REJECTED

FEE PAID

BY

*3/21*

*MAA*

2

- ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography  
☐ 4. Sculpture ☐ 5. Electric ☐ 6. Crafts

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Price or NFS

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DO NOT WRITE IN THIS SECTION

ACCEPTED

REJECTED

RECEIVED

BY

*3-21*

*JNI*